

21 Western Cape Province

City of Cape Town Metropolitan Municipality

The Cape Town metro district in the Western Cape had a population of over 3 572 919 people, with the highest population density in the province (1 464.4 people per km²). The medical scheme coverage is 27.1%, which is the second highest in the province.

The proportion of the budget spent on district hospitals was 33.2%, a figure that has been more or less constant for the last four years since 2007/08. The proportion of the budget spent on PHC was 62.3%, while 4.5% was spent on district management. The total district expenditure per capita was R1 288, reflecting a steady annual increase since measurement of this indicator started in 2004/05. The district PHC expenditure per capita increased from R792 in 2010/11 to R838 in 2011/12 and is the second highest in the province. The PHC expenditure per headcount increased steadily from R135 in 2004/05 to R210 in 2011/12, but is still lower than the national average of R225.

The PHC fixed facility supervisory rate was 55.0% and has been at a similar rate for the last three years. The PHC utilisation rate was 2.9 visits per person per year, and has been so for the last two years. The PHC utilisation rate under 5 years was 4.4 visits per child per year, which is lower than both the provincial and the national rates of 4.7 visits per child.

The metro has 0.5 district hospital beds per 1 000 population, which is lower than the national average of 0.7 beds. The bed utilisation rate was 94.8%, even higher than the already high 83.2% of 2010/11. The average length of stay was 3.4 days, showing a steady upward trend over the last two years from 2.8 days in 2009/10. The expenditure per PDE in 2011/12 was R1 706, very similar to the expenditure of R1 704 in 2010/11 but an increase on the R987 of 2008/09. This spend is higher than both the provincial average of R1 510 and national average of R1 653.

Diarrhoeal incidence under 5 years was 97.2 per 1 000 children under 5 years. The mortality rate among children under 5 years due to diarrhoea with dehydration was 0.1% and well below the national rate of 4.6%. The vitamin A coverage in children aged 12 to 59 months was 31.8%, thus below both the provincial (38.0%) and the national (43.4%) coverage figures.

The stillbirth rate has shown a noteworthy decline over the last two years from 25.1 per 1 000 births in 2009/10 to 9.7 in 2011/12. The early neonatal death rate has shown a downward trend since 2006/07, when it was 7.3 per 1 000 live births, to a rate of 4.7 in 2011/12, which is less than half the national average of 10.2. The facility under-1 and facility under-5 mortality rates have both been low and stable over the last two years at 3.0% and 2.1% respectively in 2011/12.

Immunisation coverage under 1 year was 92.6%, which is slightly below the national average of 95.2%. The pneumococcal vaccine 3rd dose coverage and the rotavirus 2nd dose coverage are increasing significantly year-on-year and were 84.3% and 82.7% respectively. The measles 1st dose under 1 year coverage was 95.7% while the measles drop-out rate between 1st and 2nd doses showed a steady decline from 2008/09 when it was 26.8% to the current still high rate of 20.2%

The Caesarean section rate in district hospitals was 31.3% and has varied between 27.7% and 31.7% since 2006/07. The proportion of deliveries in facilities to women under 18 years continues to show a gradual decline from 8.2% in 2006/07 to 5.8% in 2011/12. The facility maternal mortality ratio (MMR) recorded in the DHIS was 30.7 per 100 000 live births. The MMR from the 2010 National Committee on Confidential Enquiries into Maternal Deaths data was 92.8 per 100 000 live births.

The rate of antenatal visits before 20 weeks was 48.9%, which is above the national rate (40.2%) and is showing a year-on-year increase since 2007/08 when it was 29.7%. It was, however, the lowest rate in the province in 2011/12. The cervical cancer screening coverage rate of 58.4% was less than the provincial rate (64.4%) but more than the national (55.0%) rate. The couple year protection rate at 58.4% was the fourth highest in the country. The male condom distribution rate was 49.5 condoms per year per male 15 years and older, which far exceeds the national rate of 15.8 and is the second highest in the country.

The 2011 TB two-month smear conversion rate of 76.4% was above the provincial (74.5%) and national (71.7%) rates. The 2010 new smear-positive TB cure rate of 82.6% is also the fourth highest in the country and has shown a steady improvement over the last five years from 76.5% in 2007. The new smear-positive TB defaulter rate decreased from 7.5% in 2009 to 6.8% in 2010.

The antenatal client HIV 1st test rate was 92.5% and the antenatal client HIV 1st test positivity rate was 12.6%. The antenatal client HIV prevalence in facility routine data was 14.2% in 2011/12, which is lower than the 2010 HIV Antenatal Sero-prevalence Survey of 20.2%. The rate of antenatal clients initiated on HAART was 97.3%.

The uptake rate of babies PCR tested around 6 weeks and babies tested PCR-positive six weeks after birth are not available due to the absence of data in the DHIS. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 78.1% and it increased from 57.2% in 2008/09. The proportion of infants who were HIV-

Section B: National and District Profiles

positive under two months according to the NHLS was 1.9%. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate was 0.2% and the mental health case load was 1.3% of the total case load.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Cape Town metro's 2009 quality of death certification was relatively poor with 24% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 7.6% of deaths were assigned to 'ill-defined' causes and 16.4% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (47.7%), followed by HIV and TB (23.4%). Injuries (15.2%) ranked third whilst the lowest proportion (13.6%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions).

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – CPT: Cape Town Metropolitan Municipality

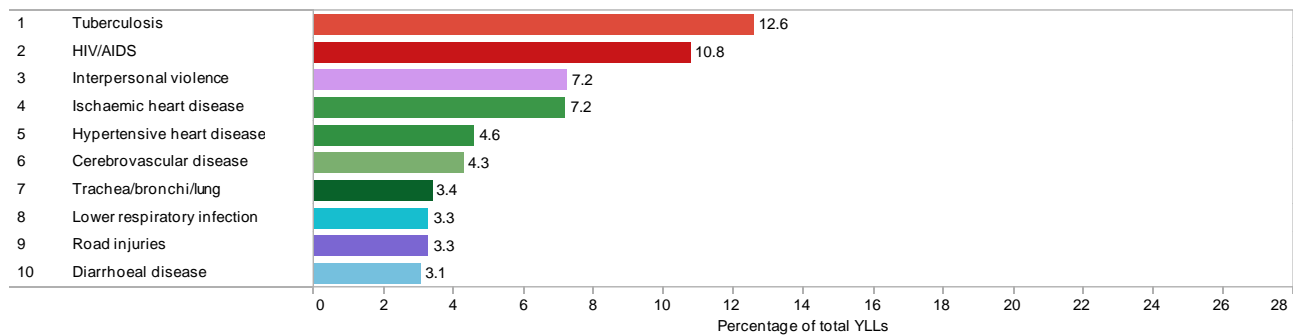


Figure 2: Annual indicators for district: Cape Town: CPT

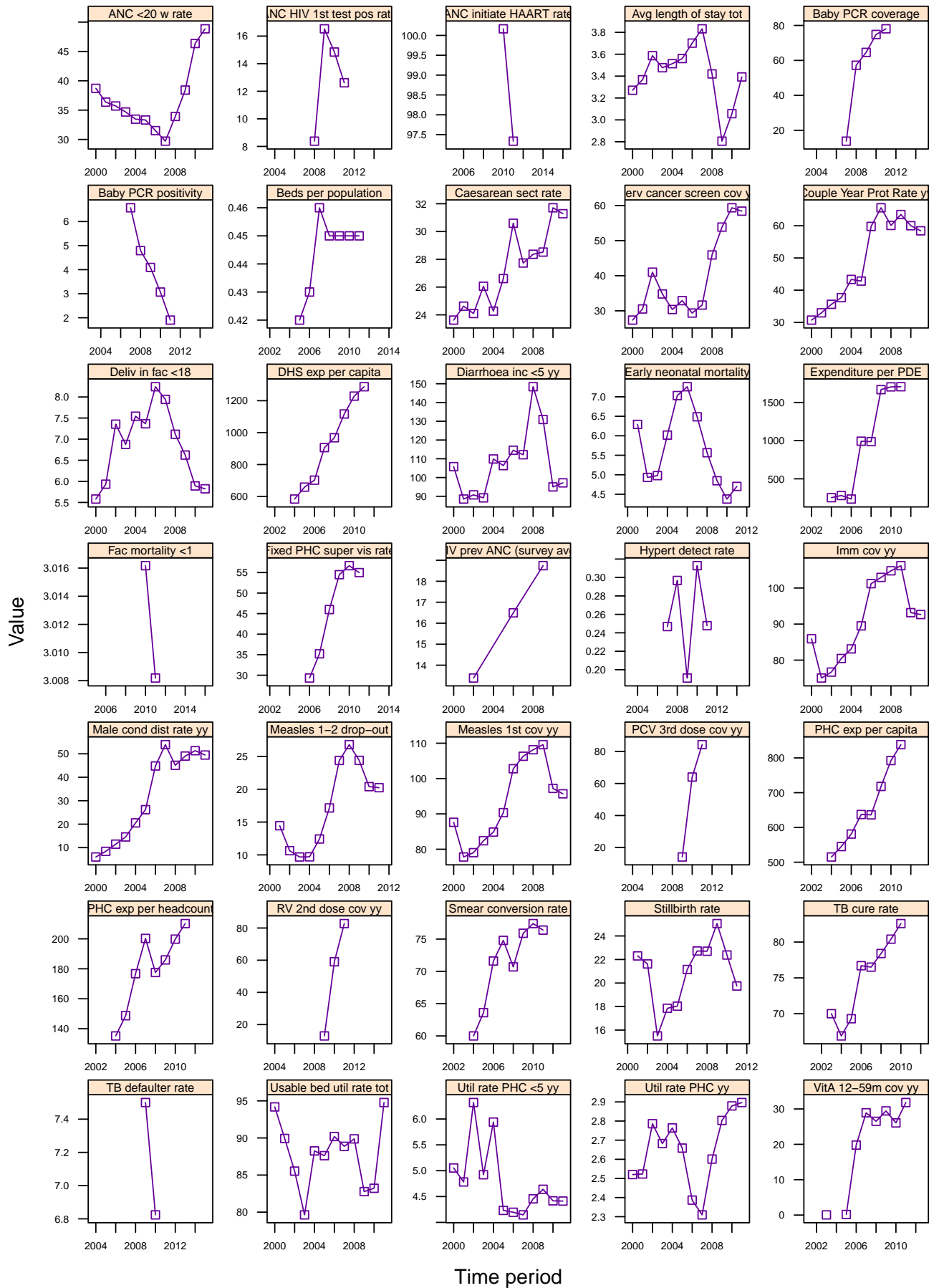
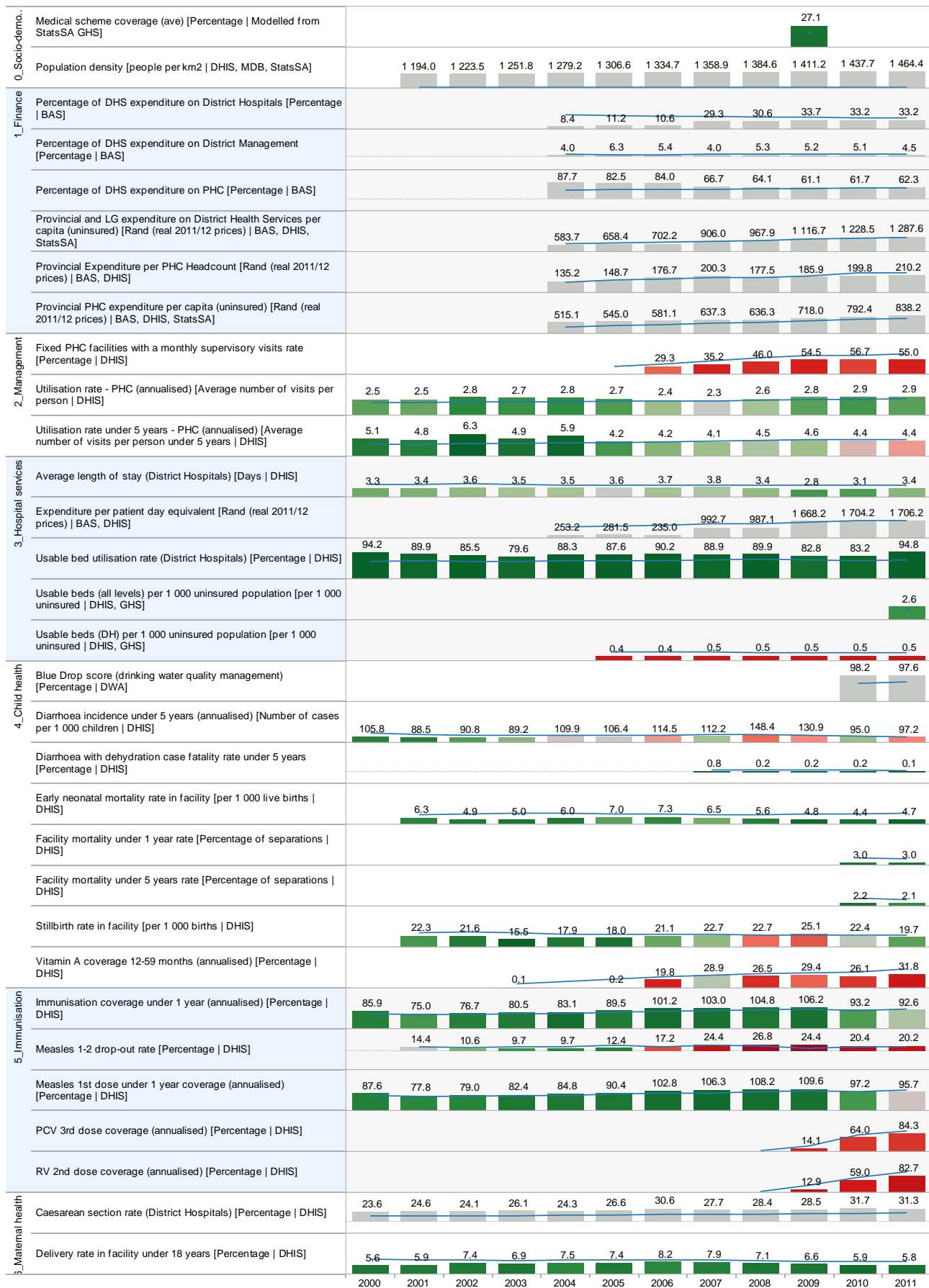
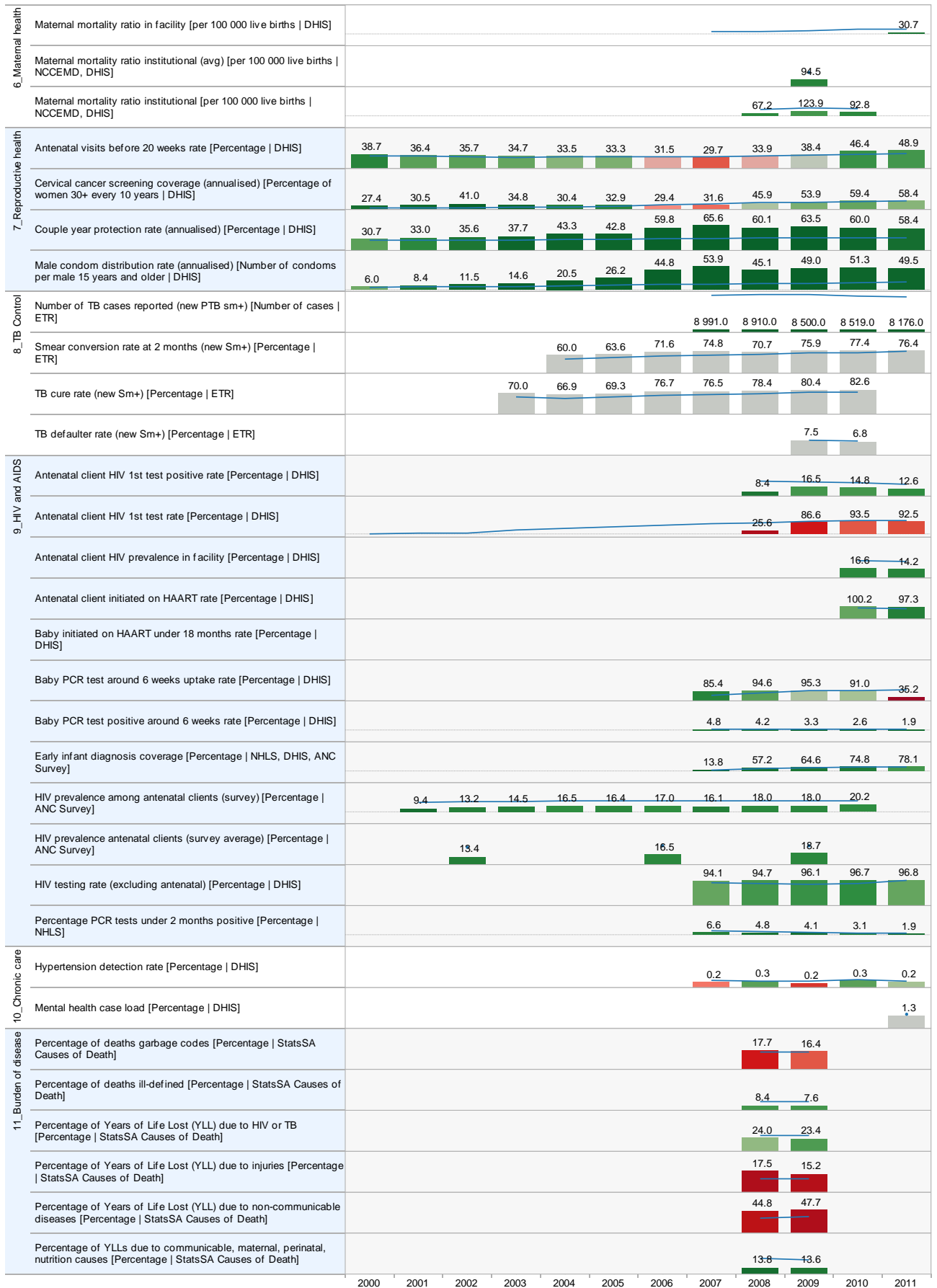


Figure 3: District page: WC – CPT: Cape Town Metropolitan Municipality



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52

West Coast District Municipality

The West Coast district in the Western Cape has a population of 347 863 people, comprising only 6.3% of the population of the province. The population density is the second lowest in the province at 11.4 persons per km². The medical scheme coverage was 29% – the highest in the province.

The proportion of district expenditure on PHC was 45%. Expenditure on district management accounted for 5.2%, the second lowest in the province, while expenditure on district hospitals was 49.8%. The total district expenditure per capita was R1 608, considerably higher than both the provincial (R1 289) and national (R1 191) averages. The district PHC expenditure per capita was R743, lower than the provincial average of R798. The PHC expenditure per headcount increased annually over the past three years from R113 in 2008/09 to R224 in 2011/12.

The PHC fixed facility supervisory rate of 95.7% was the second highest in the province and the fifth highest in the country. The PHC utilisation rate decreased from 3.2 in 2007/08 to 2.3 visits per person per year to be the lowest in the past four years. The under-5 PHC utilisation rate was 5.0 visits per child.

The district has 1.4 district hospital beds per 1 000 population, more than double the provincial average of 0.6 and double the national average of 0.7 beds. The bed utilisation rate was 72.7% and has increased annually from 2009/2010, with an average length of stay of 2.6 days. The average expenditure per PDE was R1 257, lower than both the provincial average of R1 510 and national average of R1 653.

The under-5 diarrhoeal incidence was 96.3 per 1 000 children under 5 years. The mortality rate among children under 5 years due to diarrhoea with dehydration was a pleasingly low 0.6%. The vitamin A coverage in children aged 12 to 59 months was 49.2%, higher than the provincial average of 38% and national average of 43.4%.

The stillbirth rate decreased over two years from 19.4 per 1 000 births in 2009/10 to 14.2 per 1 000 births in 2011/12, the second lowest in the province and much lower than the national average of 22.5 stillbirths. The early neonatal death rate was 5.2 per 1 000 live births, also the second lowest in the province. The under-1 facility mortality rate was 2.0%, an increase from 1.4% in 2010/11 but still well below the national average of 6.8%. The under-5 facility mortality rate was 1.0%, the second lowest in the country.

The immunisation coverage under 1 year dropped over the last two years from 96.3% in 2009/10 to 89.0% in 2011/12, which is below the national average of 95.2%. The pneumococcal vaccine 3rd dose coverage was 92.6% and the rotavirus 2nd dose coverage 89.1%, both the highest in the province. The measles 1st dose under 1 year coverage was 92.5%, while the measles 1st to 2nd dose drop-out rate was 9.3%.

The Caesarean section rate has increased over the last two years from 12.5% in 2009/10 to 16.1% in 2011/12. The proportion of deliveries in facilities to women under 18 years increased from 8.5% in 2010/11 to 9.6% in 2011/12. According to the DHIS data there were no maternal deaths in 2011/12. The 2010 MMR from the National Committee for the Confidential Enquiries into Maternal Deaths data, however, indicated 20.7 per 100 000 live births.

The rate of antenatal visits before 20 weeks has improved annually over the past four years from 59.1% in 2007/08 to 70.5% in 2011/12. The current rate of 70.5% is well above the provincial average of 56.2% and the national average of 40.2%. The cervical cancer screening coverage was 61.2%, a decrease from the 66.2% in 2010/11. The couple year protection rate also decreased minimally from 68.9% in 2010/11 to 68.2% in 2011/12. The male condom distribution rate was 52.4 condoms per male 15 years and older, the highest in the province and many times higher than the national average of 15.8 condoms.

The TB two-month smear conversion rate increased from 69.8% in 2010 to 77.8% in 2011. The new smear-positive TB cure rate also increased from 76.2% in 2009 to 79.7% in 2010. The new smear-positive TB defaulter rate was 6.5%.

The antenatal client HIV 1st test rate was 87.3%, lower than the provincial average of 91.3% and national average of 98.0%. Antenatal client HIV 1st test positive was 5.9%. The antenatal client HIV prevalence in facility routine data was 6.2%, lower than the 2010 HIV Antenatal Sero-prevalence Survey value of 10.0%. The rate of antenatal clients initiated on HAART has been 100% for the past two years.

The baby PCR test around 6 weeks uptake rate and baby tested PCR-positive 6 weeks after birth as a proportion of babies tested at 6 weeks are not available due to the absence of data in the DHIS. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 99.2% and that it increased from 78.8% in 2010/11. The proportion of infants who were HIV-positive under two months according to the NHLS was 3.0%, an increase from 2.2% in 2010/11. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate has remained stable between 0.2% and 0.3% over the past five years. The mental health case load was 1.7%, slightly above the provincial average of 1.5% and national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. West Coast's 2009 quality of death certification was relatively poor, with 25.2% of the certificates submitted not being useful for public health

analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 8.5% of deaths were assigned to 'ill-defined' causes and 16.7% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (47.2%), followed by HIV and TB (24.9%). Injuries (15.0%) ranked third whilst the lowest proportion (12.8%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions).

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – DC1: West Coast District Municipality

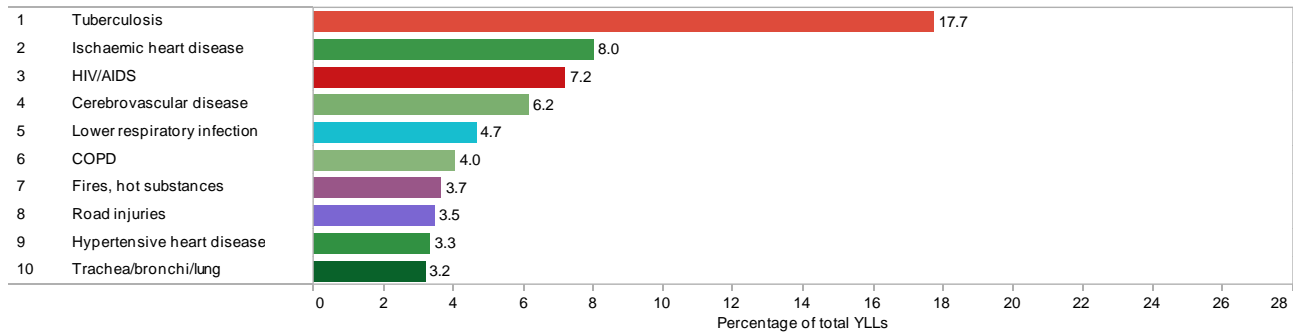


Figure 2: Annual indicators for district: West Coast: DC1

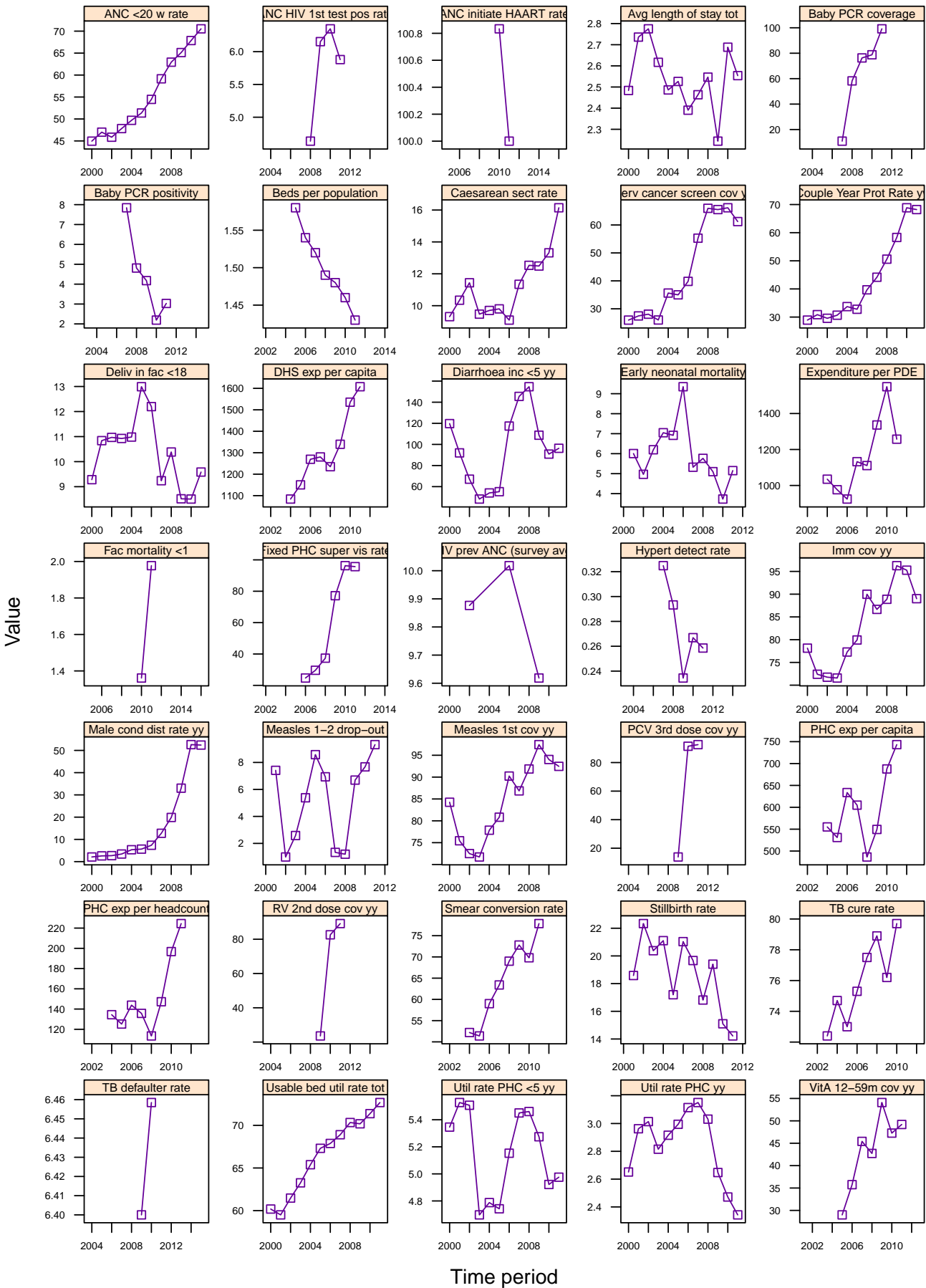
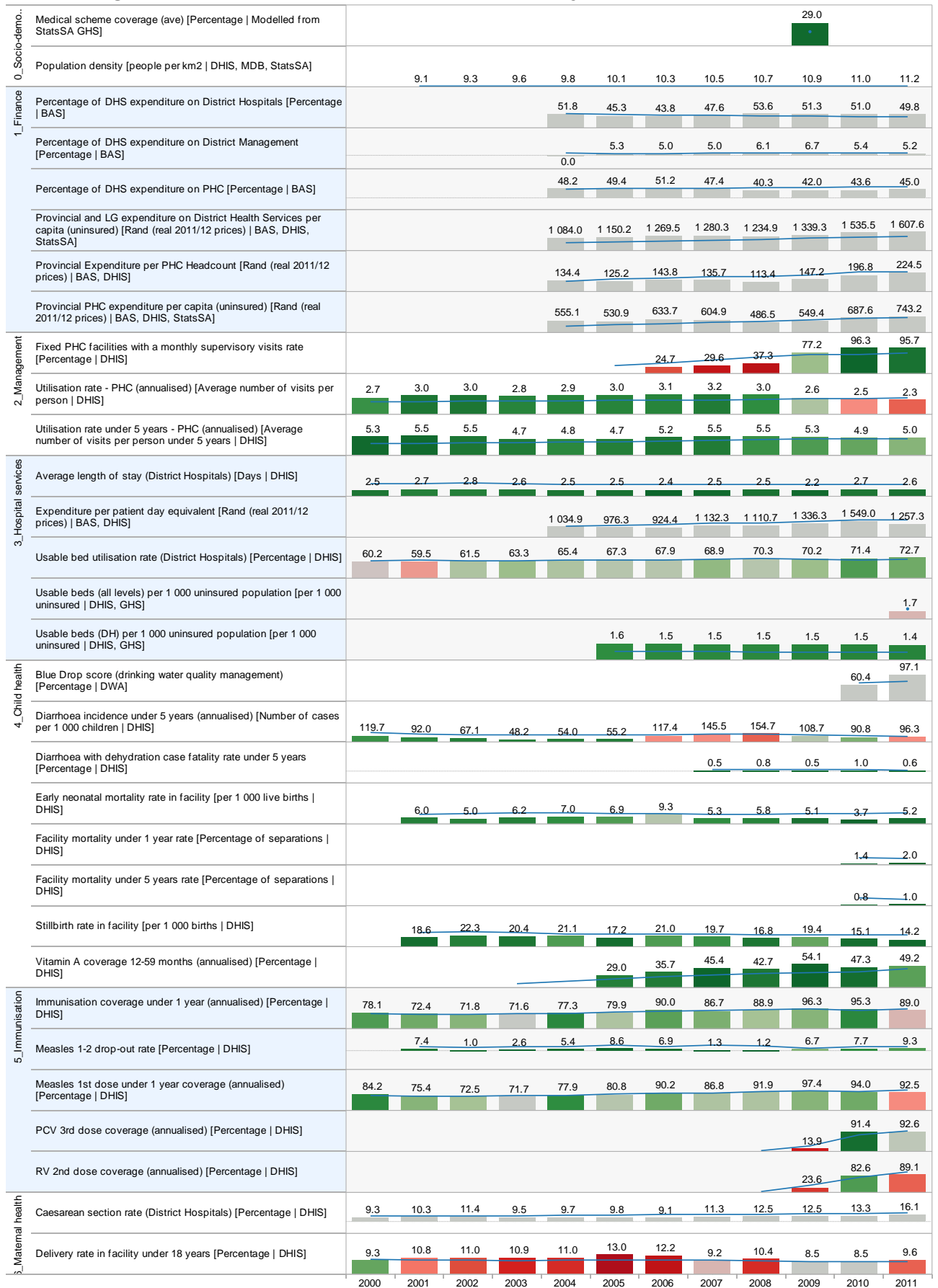
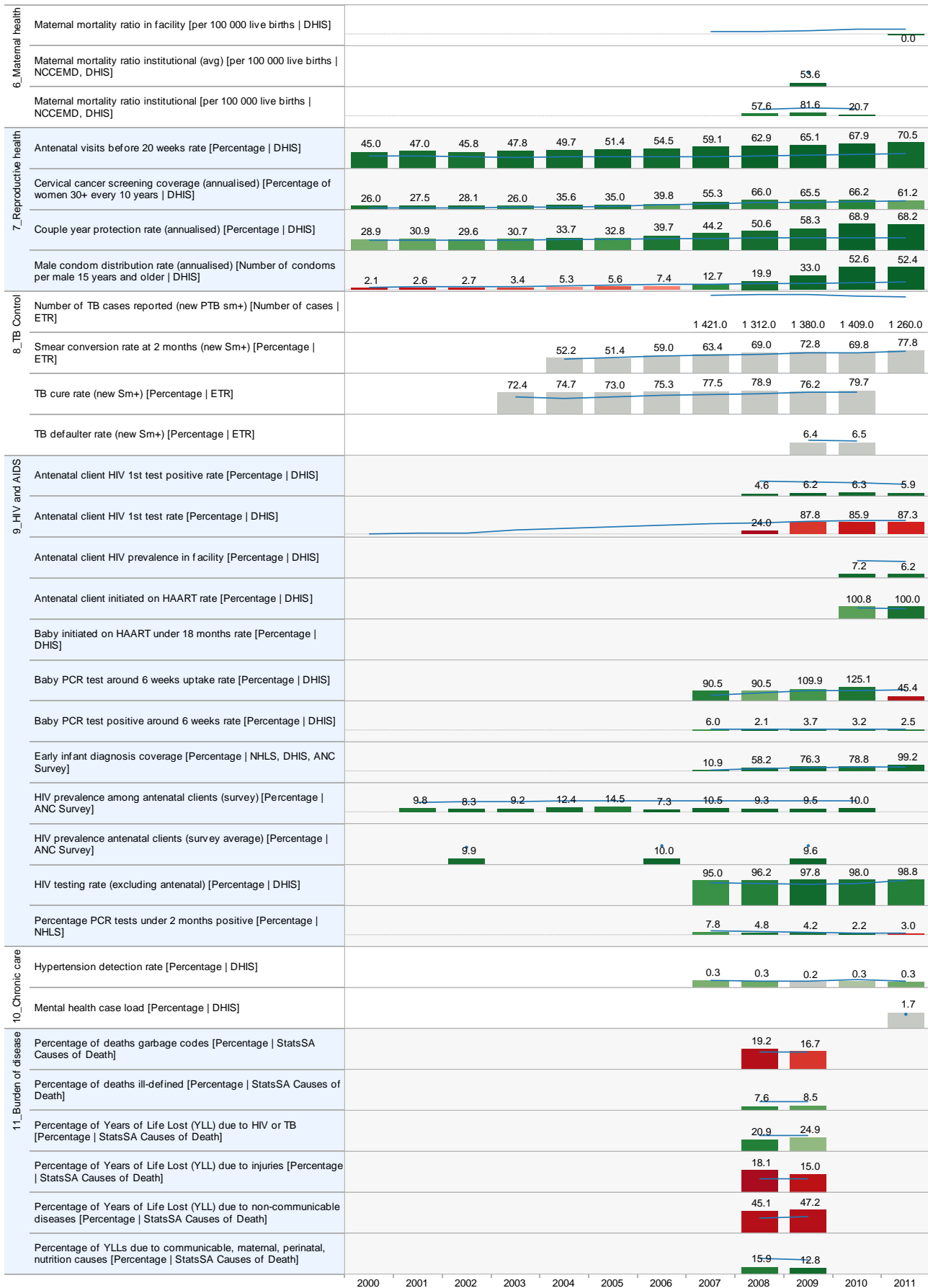


Figure 3: District page: WC – DC1: West Coast District Municipality



SA value or average District rank (1=best)
 ■ ZA_av 1 ■■■■■ 52

Section B: National and District Profiles



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52

Cape Winelands District Municipality

Cape Winelands district in the Western Cape has a population of 753 946 with a population density of 35.1 people per km² and a medical scheme coverage of 25.2%.

The proportion of the district budget spent on district hospital services was 26%, the lowest in the province, and is the culmination of a steady decline over the past seven years from a high of 36.8% in 2004/05. The proportion of district expenditure on PHC was 64.9%, while 9.1% was spent on district management. The total district expenditure per capita was R1 025, slightly less than the R1 031 in 2010/11. The district PHC expenditure per capita also decreased from R687 in 2010/11 to R678 in 2011/12, which is the lowest in the province although only in line with the national average. The PHC expenditure per headcount increased from R200 in 2010/11 to R213 in 2011/12. This is lower than the national average of R225 and the second lowest in the province.

The PHC fixed facility supervisory rate of 87.6% was above the national rate of 74.1%. The PHC utilisation rate was 2.4 visits per person per year – the second lowest in the province and has been at this level for eight of the last 12 years. The PHC utilisation rate under 5 years was 5.0 visits per child per year and is above the national rate of 4.7 visits.

The district has 0.5 district hospital beds per 1 000 population, which is below the national average of 0.7 beds per 1 000 population and the second lowest in the province. The bed utilisation rate was 79.8% and has been close to this level for the last five years. The average length of stay was 2.9 days, the third lowest in the province and down slightly from 2010/11 but similar to the years preceding that. The average expenditure per PDE was R1 220, down from 2010/11.

The diarrhoeal incidence under 5 years was 117.4 per 1 000 children under 5 years – above the national incidence of 95.9 and the highest in the province. The mortality rate among children under 5 years due to diarrhoea with dehydration was 0.2%. The vitamin A coverage in children aged 12 to 59 months was 47.5%, a slight improvement from 42.8% in 2010/11.

The stillbirth rate was 17.6 per 1 000 births, which is lower than the national rate of 22.5 births. This indicator has posted a gradual downward trend over the last three years. The early neonatal death rate was 5.5 per 1 000 live births, the third lowest in the province and slightly lower than 5.8 in 2010/11. The facility under-1 mortality rate was 2.3%, lower than 2010/11 (3.3%), while the facility under-5 mortality rate also decreased from 2.0% in 2010/11 to 1.4% in 2011/12.

The immunisation coverage under 1 year decreased slightly from 86.5% in 2010/11 to 84.9% in 2011/12. The pneumococcal vaccine 3rd dose coverage, although it increased marginally from 85.5% to 87.2%, is below the national average of 94.1%. Similarly, the rotavirus 2nd dose coverage increased from 74.2% in 2010/11 to 87.7%, but remained below the national average of 98.2%. The measles 1st dose coverage decreased from 90.3% in 2010/11 to 88% and the measles 1st to 2nd dose drop-out rate increased from 9.9% in 2010/11 to 14.2% in 2011/12.

The Caesarean section rate was 19.3%, very similar to the previous two years and below the national rate of 19.9%. The proportion of deliveries in facilities to women under 18 years was 9.1%, above the national figure (8.1%). The maternal mortality ratio (MMR) in facility recorded in the DHIS was 16.9 per 100 000 live births. The 2010 MMR from the National Committee on Confidential Enquiries into Maternal Deaths data was 85.9 per 100 000 live births.

The rate of antenatal visits before 20 weeks showed a steady increase over the last six years from 42.1% in 2005/06 to 68.2% in 2011/12 – now the fourth highest in the country. The cervical cancer screening coverage, although down from the previous year (79.6% in 2010/11 to 69.3% in 2011/12), shows a long term upward trend and is above the national rate of 55.0%. The couple year protection rate, at 52.1%, is similar to the previous year and part of a gradual upward trend since 2005/06 when it was 34.0%, ranking it fifth highest in the country. The male condom distribution rate was 31.8 condoms per male 15 years and older, which is double the national rate of 15.8 condoms.

The 2011 TB two-month smear conversion rate was 73.0%, showing an ongoing increase over the last four years from 66.6% in 2007. The 2010 new smear-positive TB cure rate was 79.6%, the fourth highest in the province, while the 2010 new smear-positive TB defaulter rate was 7.1%

The antenatal client HIV 1st test rate was a pleasing 94.1%. The antenatal client HIV 1st test positivity rate was 7.4%. The antenatal client HIV prevalence from facility routine data was 8.5% which is lower than the 2010 HIV Antenatal Sero-prevalence Survey of 14.9%. The rate of antenatal clients initiated on HAART was an excellent 99.8%.

The uptake rate of babies PCR tested around 6 weeks and babies tested PCR positive six weeks after birth are not available due to incomplete data in the DHIS. Data from the National Health Laboratory Services (NHLS), however, shows that the early infant HIV diagnosis coverage was 79.9%, which is eighth highest in the country. The proportion of infants who were HIV-positive under two months was 2.5%. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate was 0.2%, while the mental health case load was 1.7% of the total case load and above the national average of 1.4%.

Section B: National and District Profiles

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Cape Winelands' 2009 quality of death certification was relatively poor, with 24.6% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 8.8% of deaths were assigned to 'ill-defined' causes and 15.8% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (46.7%), followed by HIV and TB (23.2%). Injuries (17.1%) ranked third whilst the lowest proportion (13.0%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions).

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – DC2: Cape Winelands District Municipality

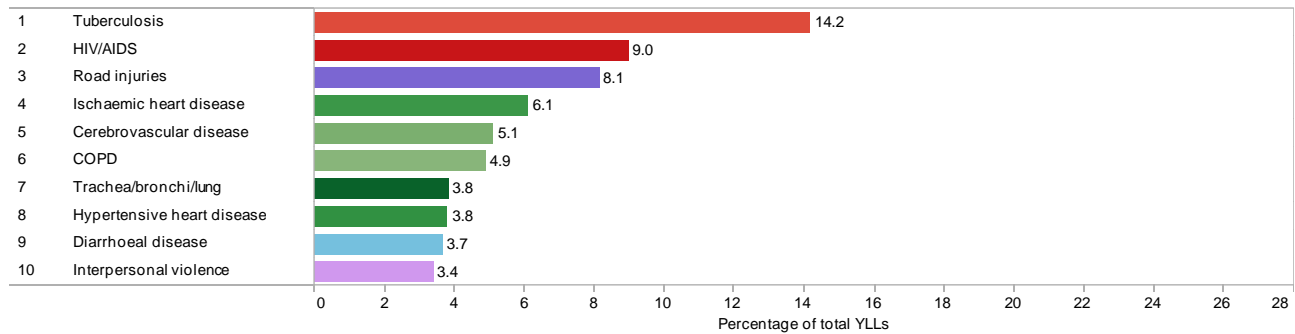


Figure 2: Annual indicators for district: Cape Winelands: DC2

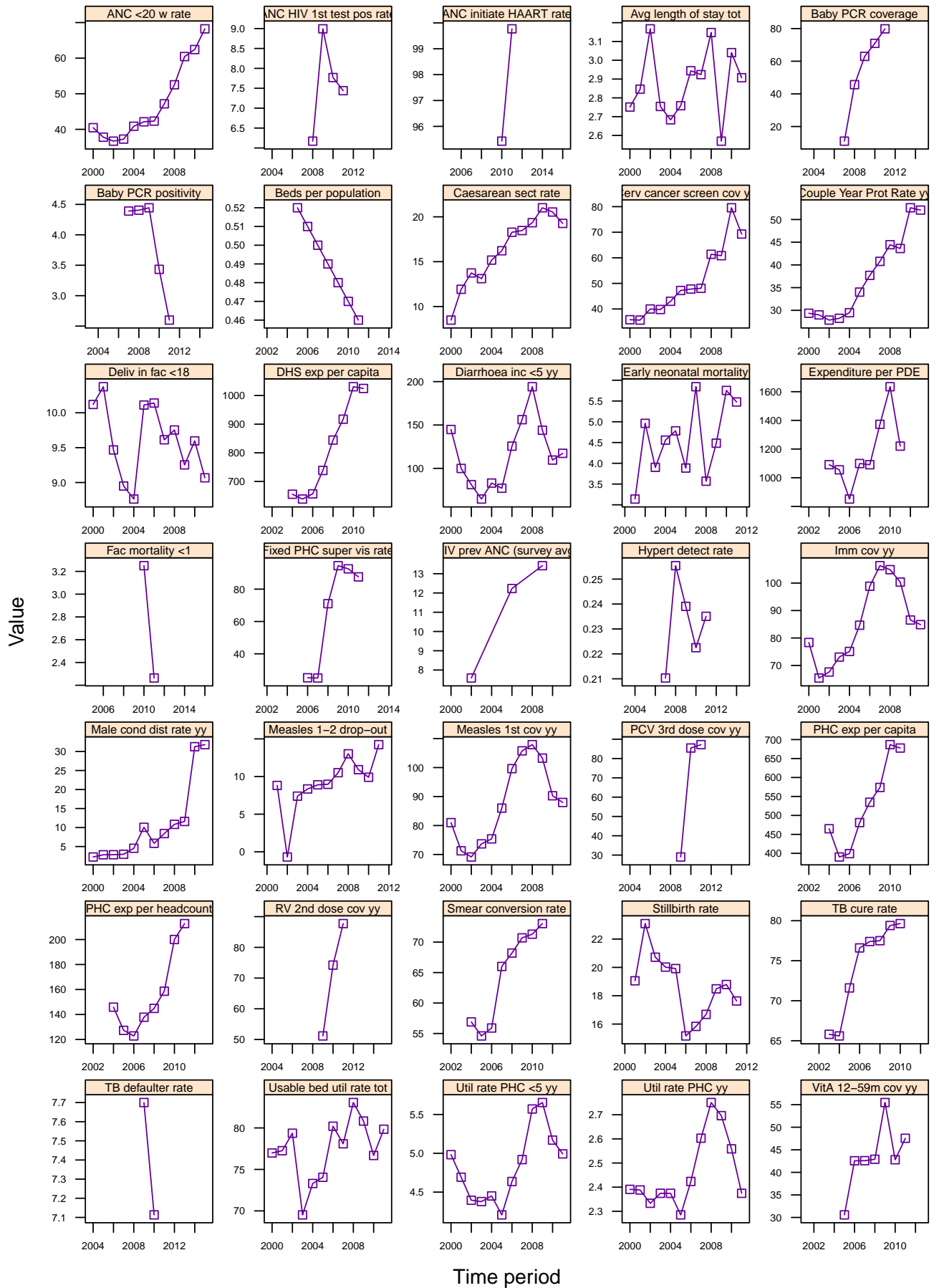
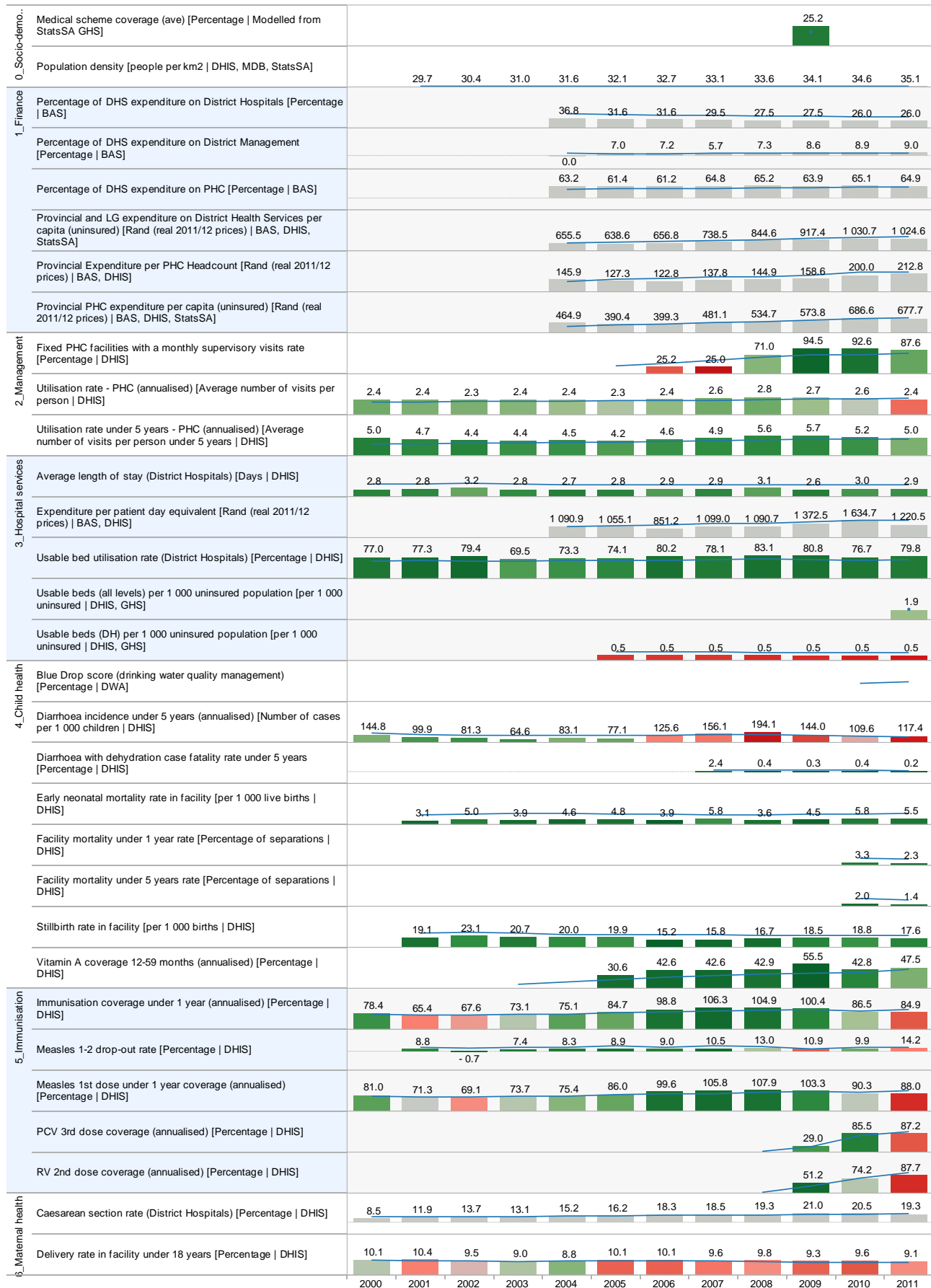
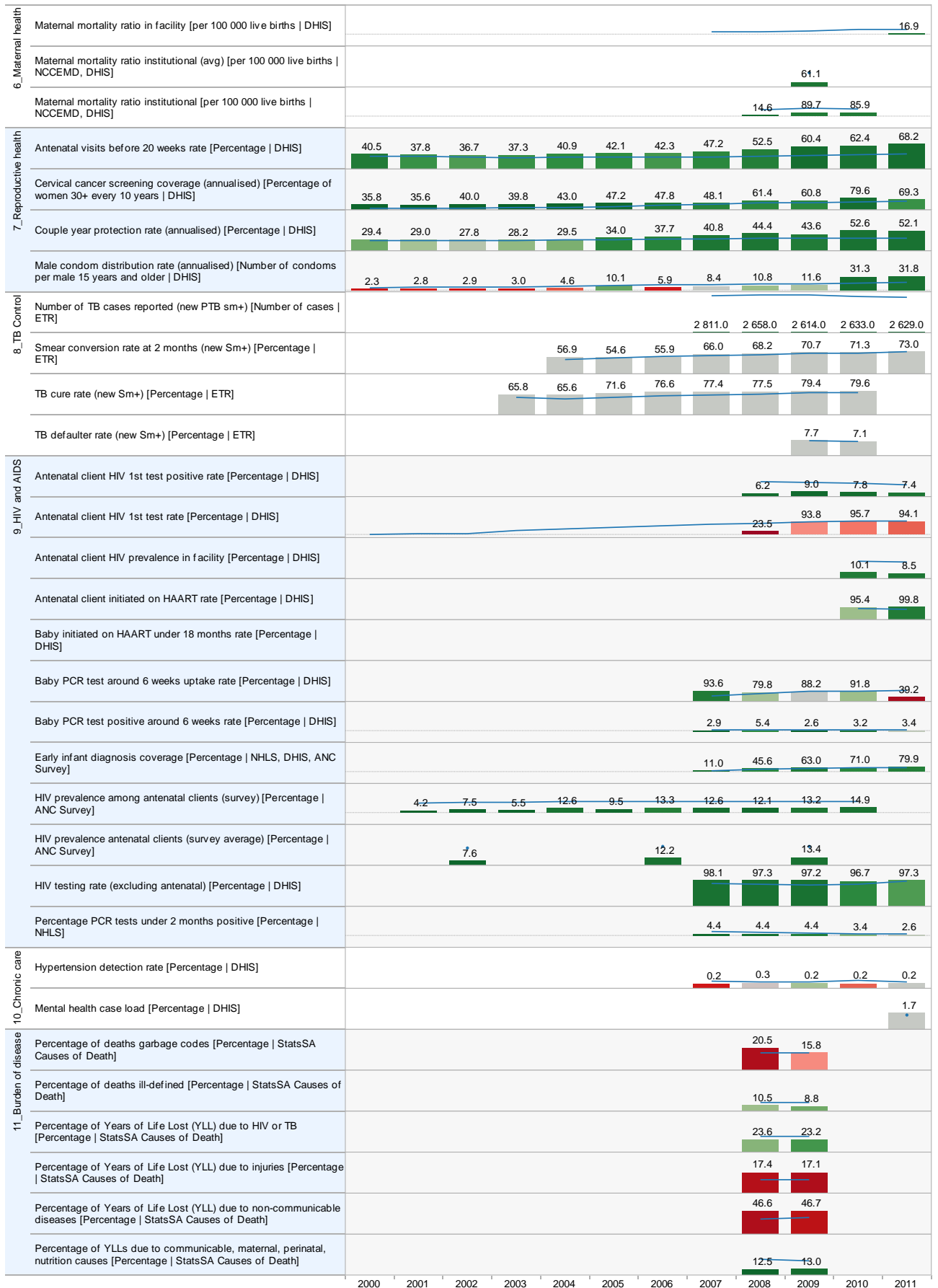


Figure 3: District page: WC – DC2: Cape Winelands District Municipality



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52



SA value or average District rank (1=best)
 ■ ZA_av 1 ■■■■■ 52

Overberg District Municipality

Overberg district's population of 254 421 people is the second lowest of the province's six districts, with a population density of 20.8 per km². Of the population, 20.3% belonged to a medical aid scheme.

The district spent 37.5% of its budget on district hospital services, which has decreased annually from 42.3% in 2008/09. Expenditure on PHC amounted to 56.3% of the budget, while 6.2% was spent on district management. The total per capita expenditure at R1 312 is higher than both the provincial (R1 289) and national (R1 191) averages, although the per capita PHC expenditure of R728 is lower than the provincial average of R798. The PHC expenditure per headcount, although increasing annually from 2008/09 (R138) to R191 in 2011/12, is still the lowest in the province.

The PHC fixed facility supervisory rate averaged 87.8% – the third lowest in the province in 2011/12 but still well above the national average of 74.1%. The PHC utilisation rate decreased from 3.3 in 2009/10 to 3.0 visits per person per year. The PHC utilisation rate under 5 years was 6.0 visits, the highest in the province and well above the national average of 4.7.

The district has 0.9 district hospital beds per 1 000 population, which is more favourable than the provincial average of 0.6 and national average of 0.7 beds. The bed utilisation rate was 74.3% with an average length of stay for the same period of 2.7 days. The average expenditure per PDE was R1 436, lower than both the provincial average of R1 510 and the national average of R1 653.

The incidence of diarrhoea under 5 years was 85.0 per 1 000 children under 5 years. The mortality rate among children under 5 years due to diarrhoea with dehydration was a pleasingly 0%. The vitamin A coverage 12 to 59 months for the same period was 43.7%, which is higher than the provincial average of 38.0%.

The stillbirth rate decreased from 13.0 per 1 000 births to 12.5 per 1 000 births in 2011/12 – the lowest in the province and the second lowest in the country. The early neonatal death rate was 5.6 per 1 000 live births. The under-1 facility mortality rate increased fractionally from 1.4% in 2010/11 to 1.5% but is well below the national average of 6.8%. Although the under-5 facility mortality rate increased slightly from 0.5% in 2010/11 to 0.7%, it is notably the lowest in the country.

The immunisation coverage under 1 year regrettably fell from 91.6% in 2009/10 to 75.1%, although still well below the provincial average of 89.5% and national average of 95.2%. The pneumococcal vaccine 3rd dose coverage was 73.7% and the rotavirus 2nd dose coverage was 76.8%. The measles 1st dose under 1 year coverage was 76.9% and has decreased annually from 92.8% in 2009/10. The measles 1st to 2nd dose drop-out rate decreased notably from 13.6% in 2008/09 to a low 2.8%, the third lowest in the country.

The Caesarean section rate was 21.6%, slightly higher than the 20.4% in 2010/11. The proportion of deliveries in facility to women under 18 years decreased from 9.5% in 2010/11 to 8.3%. The DHIS reflected a facility maternal mortality ratio (MMR) of zero per 100 000 live births, indicating no maternal deaths at all during the year. The 2010 MMR data from the National Committee for the Confidential Enquiries into Maternal Deaths was 67.8 per 100 000 live births.

Overberg's rate of antenatal visits before 20 weeks has improved annually over the past five years from 56.8% in 2007/08 to 71.8%. This is the highest in the province and well above the national average of 40.2%. The cervical cancer screening coverage also increased annually over the past five years from 39.3% in 2007/08 to 63.4%. The couple year protection rate increased from 51.0% in 2009/10 to 58.6%. The male condom distribution rate more than doubled over the last three years from 15.7 in 2009/10 to 35.6 condoms per male 15 years and older in 2011/12. This rate is, however, lower than the current provincial average of 45.7 but much higher than the national average of 15.8 condoms.

The TB two-month smear conversion rate (SCR) decreased by almost 20 percentage points from 89.0% in 2009 to 69.3% in 2011. The SCR for 2011 is well below the provincial average of 74.5%. The new smear-positive TB cure rate also decreased from 88.2% in 2009 to 77.9% in 2010. The new smear-positive PTB defaulter rate unfortunately increased from 5.4% in 2009 to 8.6% in 2010, thus exceeding the 2010 provincial average of 6.8%.

Overberg's antenatal client HIV 1st test rate was 86.0%, lower than the provincial average of 91.3% and the national average of 98.0%. The antenatal HIV positivity rate for the same period was 8.0%, the second highest in the province. The antenatal client HIV prevalence (routine data) was 7.9%, much lower than the 2010 HIV Antenatal Sero-prevalence Survey of 17.3%. The rate of antenatal clients initiated on HAART decreased slightly from 100% in 2010/11 to 95.7% in 2011/12.

The baby PCR tests around 6 weeks uptake rate and baby tested PCR-positive 6 weeks after birth as a proportion of babies tested at 6 weeks are not available due to the absence of data in the DHIS. Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 90.2%, an increase from 81.9% in 2010/11. The proportion of infants under two months who were HIV-positive was 1.8%, a decrease from 3.0% in 2010/11. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate was 0.2% and on a par with the provincial average. The mental health case load was 1.8%, slightly above the provincial average of 1.5% and the national average of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Overberg's 2009 quality of death certification was relatively poor, with 27.3% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 7.5% of deaths were assigned to 'ill-defined' causes and 19.8% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (48.8%), followed by injuries (21.1%). HIV and TB (19.1%) ranked third whilst the lowest proportion (11.0%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions).

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – DC3: Overberg District Municipality

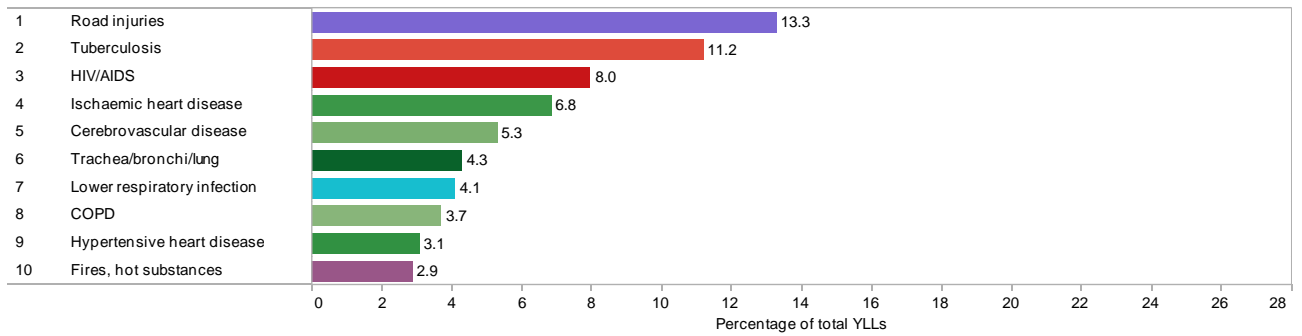


Figure 2: Annual indicators for district: Overberg: DC3

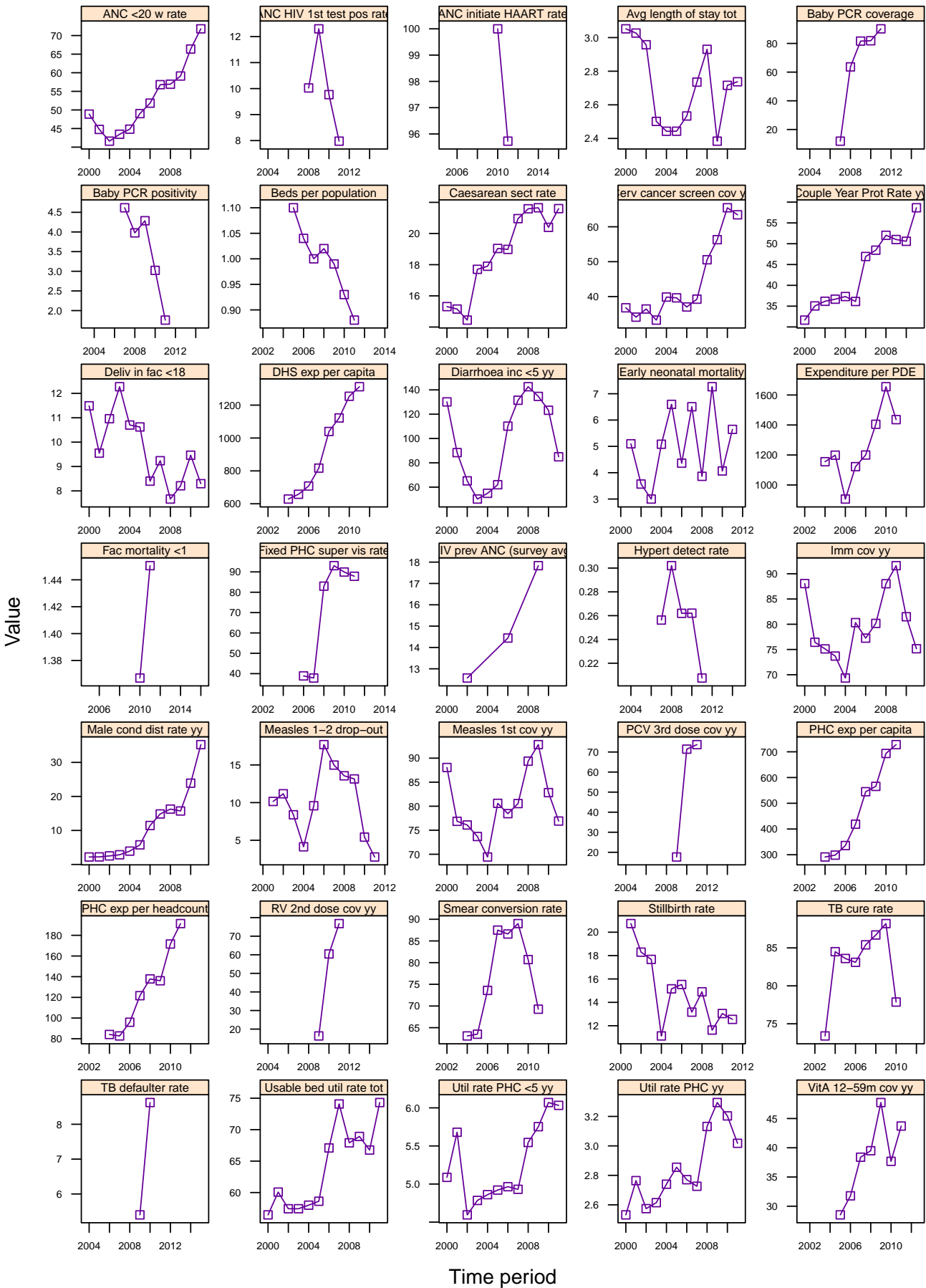
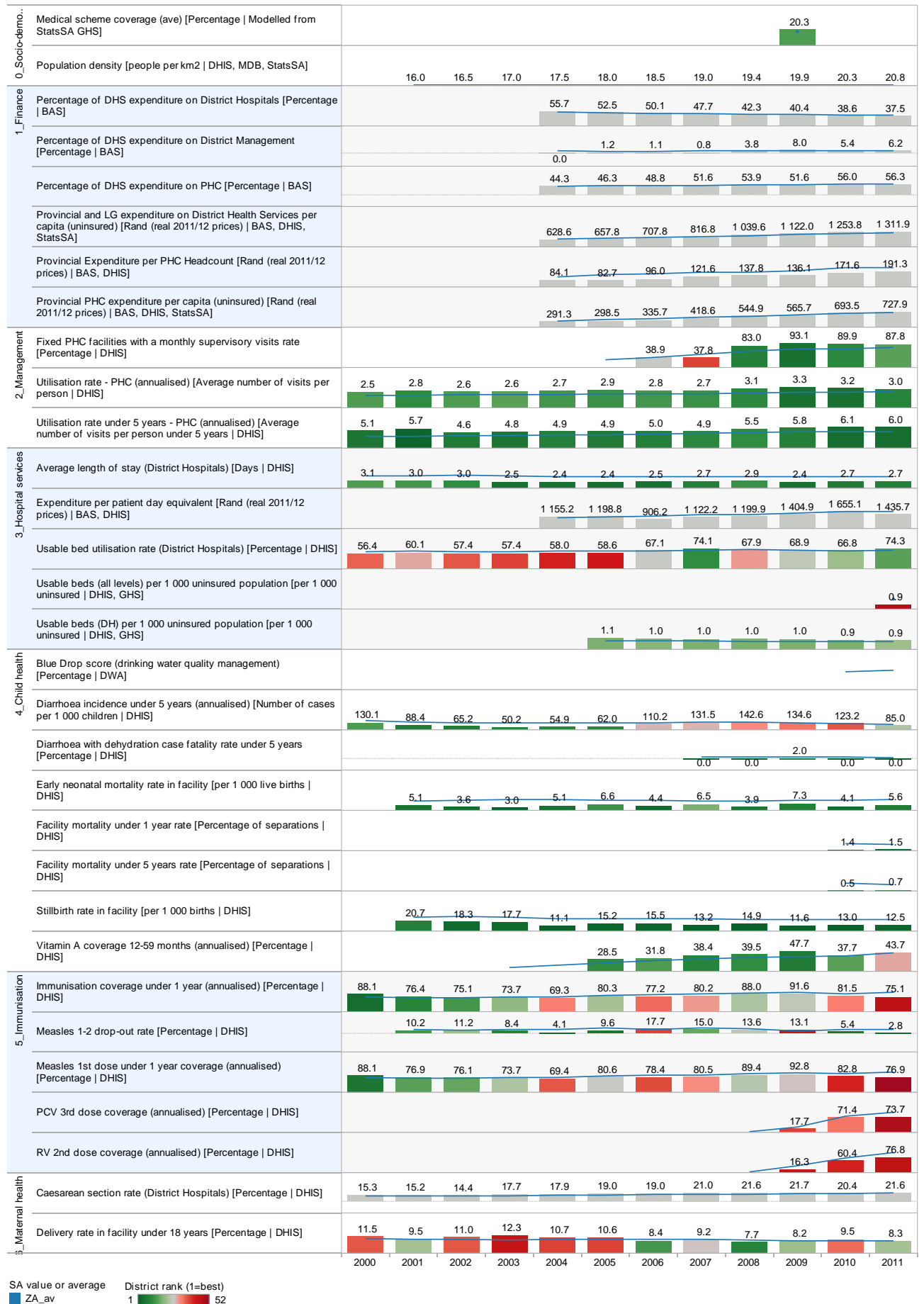
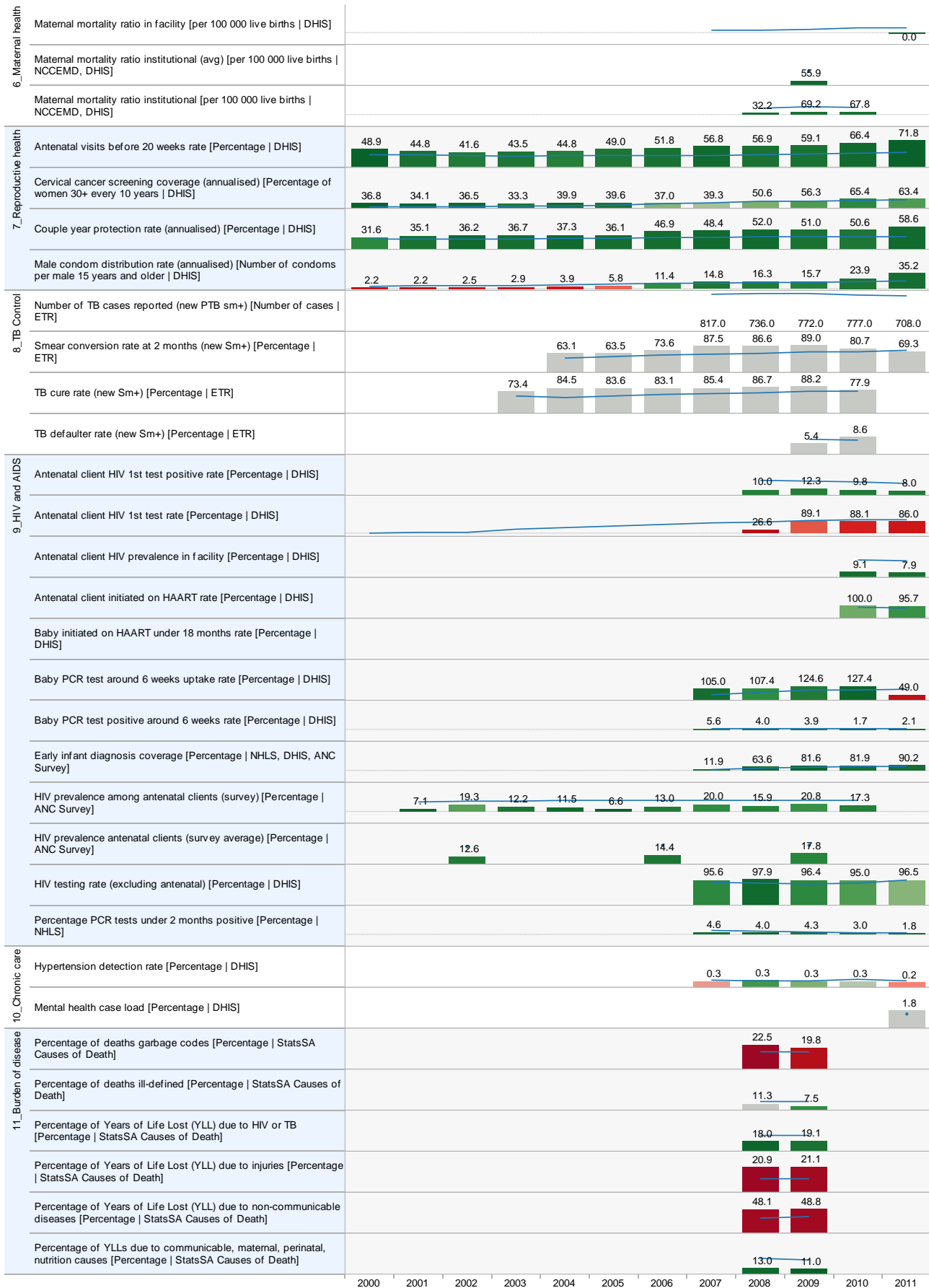


Figure 3: District page: WC – DC3: Overberg District Municipality



Section B: National and District Profiles



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52

Eden District Municipality

Eden district in the Western Cape has a population of 558 946 people, representing 10% of the province's population, with a population density of 24 people per km². Seventeen percent of the population belonged to a medical aid scheme, the second lowest coverage in the province.

In 2011/12, 39.8% of the total district's budget was spent on district hospital services, the same as for 2010/11. The district's expenditure on PHC was 54.9% of the budget, while 5.3% was spent on district management. The district per capita expenditure was R1 319, higher than both the provincial (R1 289) and national (R1 191) averages. The PHC per capita expenditure was R740, which is lower than the provincial average of R798. The PHC expenditure per headcount increased annually from R110 in 2008/09 to R214 in 2011/12.

The PHC fixed facility supervisory rate of 97.0% was the highest in the province and the country. The PHC utilisation rate has gradually decreased from 3.6 in 2008/09 to its lowest rate in the past four years of 2.9 visits per person per year. The PHC utilisation rate under 5 years was 5.3 visits per child. It has remained stable for the past three years and is higher than the 4.7 provincial and national averages.

The district has 0.9 district hospital beds per 1 000 population, which is higher than the 0.6 provincial average and the 0.7 national average. The district's bed utilisation rate was 79.9% and the average length of stay 3.1 days. The average expenditure per PDE was R1 291, lower than both the provincial average of R1 510 and the national average of R1 653.

At 53.8 per 1 000 children under 5 years, the incidence of diarrhoea under 5 years was the lowest in the province and the seventh lowest in the country. The mortality rate among children under 5 years due to diarrhoea with dehydration was 0.4%, a marked decrease from 1.7% in 2009/10. The vitamin A coverage 12 to 59 months was the highest in the province at 53.3% and significantly higher than the national average of 43.4%.

The stillbirth rate increased from 18.5 per 1 000 births in 2010/11 to 21.5 per 1 000 births in 2011/12 and was the only district in the province to reflect an increased rate. This figure was higher than the provincial average of 19.1 per 1 000 births, but lower than the national average of 22.5. The early neonatal death rate was 7.0 per 1 000 live births in 2011/12. The under-1 facility mortality rate decreased drastically from 4.2% in 2010/11 to 2.5% – well below the national rate of 6.8%. The under-5 facility mortality rate was 1.5%, the fifth lowest in the country.

The immunisation coverage regrettably decreased over the last four years from 91.7% in 2008/09 to 83.6%, a result that is below both the provincial average of 89.5% and national average of 95.2%. The pneumococcal vaccine 3rd dose coverage was 83.1%, the rotavirus 2nd dose coverage 84.5% and the measles 1st dose coverage 86.8% in the same period, all reflecting below the provincial averages. The measles 1st to 2nd dose drop-out rate decreased from 9.2% in 2010/11 to 7.5% in 2011/12 and is well below the national average of 16.8%.

The Caesarean section rate remained stable at 20.1%. The proportion of deliveries in facility to women under 18 years increased slightly from 7.6% in 2010/11 to 7.9%. The DHIS-reflected facility maternal mortality ratio (MMR) was 60.4 per 100 000 live births, the highest in the province but still well below the national average of 144.9 per 100 000 live births. This value is much lower than the 2010 MMR of 107.5 for the National Committee for the Confidential Enquiries into Maternal Deaths (NCCEMD data).

Eden district's rate of antenatal visits before 20 weeks has improved annually over the past five years from 53.4% in 2007/08 to 71.1%, ending well above the provincial average of 56.2% and the national average of 40.2%, and reflecting the second best performance in the country. The cervical cancer screening coverage also increased annually over the past five years from 55.3% in 2007/08 to 97.6%, nearly doubling to also be the second best in the country. The couple year protection rate increased by 10 percentage points from 51.3% in 2007/08 to 61.2%. The male condom distribution rate was 42.4 condoms per male over 15 years. The rate increased annually from 11.7 in 2008/09 to 42.4 in 2011/12, but is, however, lower than the provincial average of 45.7 but much higher than the national average of 15.8.

The district's TB two-month smear conversion rate (SCR) decreased by nearly nine percentage points from 78.0% in 2010 to 69.3%. The SCR for 2011 was well below the provincial average of 74.5%. The new smear-positive TB cure rate remained stable at 85.3% in 2009 and 2010. The new smear-positive TB defaulter rate decreased from 6.0% in 2009 to 5.0% 2010.

The antenatal client HIV 1st test rate was 84.8%, lower than the provincial rate of 91.3% and the national rate of 98.0%. The antenatal HIV positivity rate was 6.3%. The antenatal client HIV prevalence (routine data) in facility at 6.2% was much lower than the HIV prevalence obtained from the 2010 Antenatal Sero-prevalence Survey of 18.7%. The rate of antenatal clients initiated on HAART increased slightly from 87.4% in 2010/11 to 89.7%, but is still the lowest in the province.

The baby PCR tests around 6 weeks uptake rate and baby tested PCR-positive 6 weeks after birth as a proportion of babies tested at 6 weeks are not available due to the absence of data in the DHIS. Data from the National Health Laboratory Services shows that the early infant HIV diagnosis coverage was 76.6%; an increase from 72.7% in 2010/11. The proportion

of infants under two months of age that tested positive in 2011/12 was 1.7%, a decrease from 3.3% in 2010/11. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate has remained stable at 0.2% over the past five years, which is in line with the provincial average for the same periods. The mental health case load was 2.2%, slightly above the provincial average of 1.5% and the national average of 1.4%.

The district’s 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Eden’s 2009 quality of death certification was relatively poor, although third best in the country, with 21.1% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 7.0% of deaths were assigned to ‘ill-defined’ causes and 14.1% to ‘garbage codes’. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (48.5%), followed by HIV and TB (23.6%). Injuries (14.9%) ranked third whilst the lowest proportion (11.6%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions). This BoD profile is to be expected in an area with a low deprivation index (socio-economic quintile 5) and a relatively ‘old’ population.

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – DC4: Eden District Municipality

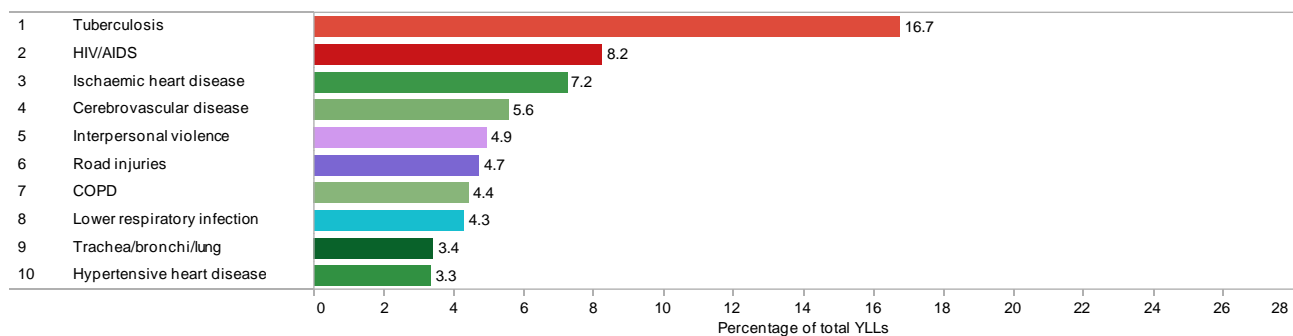


Figure 2: Annual indicators for district: Eden: DC4

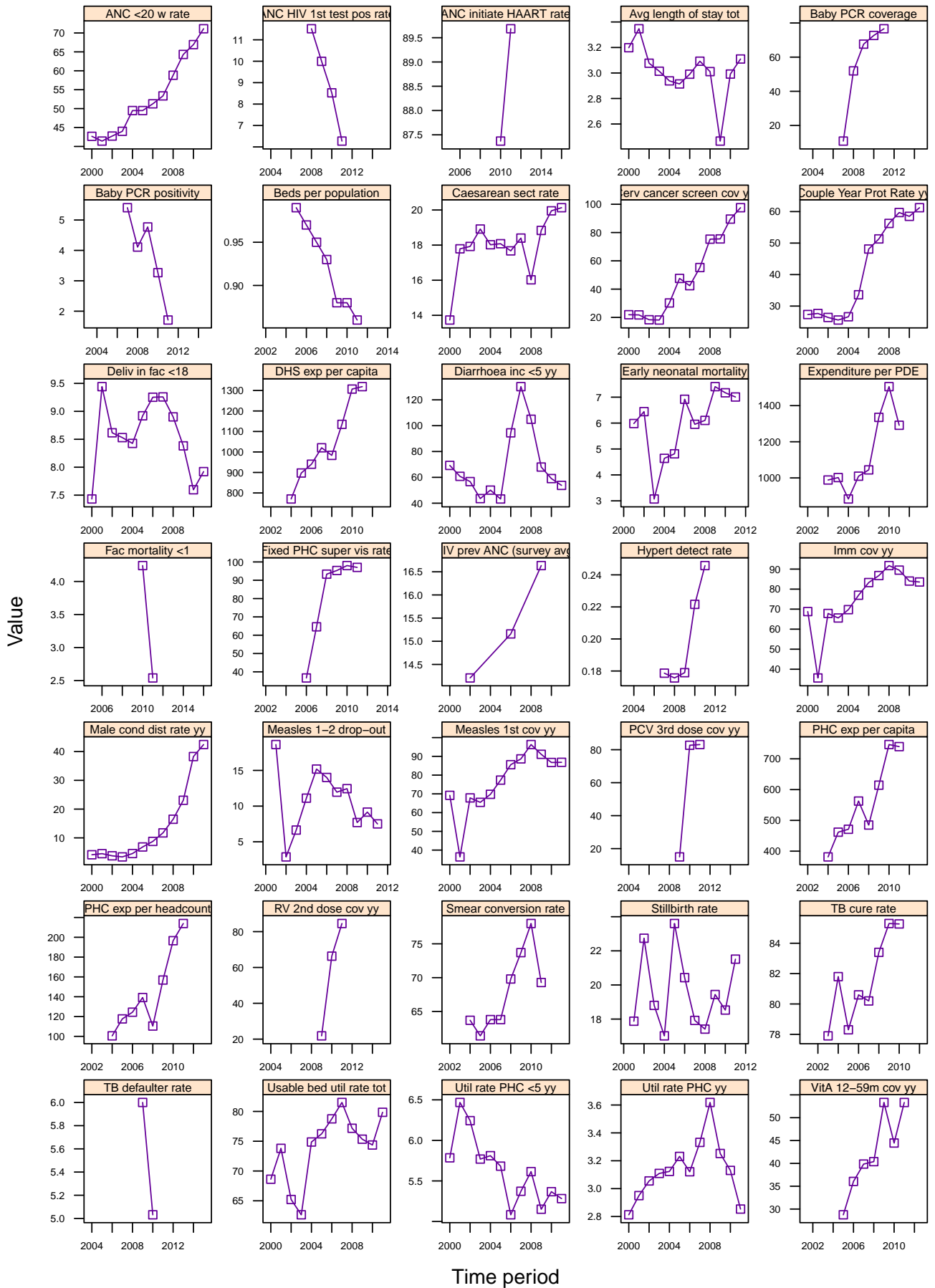
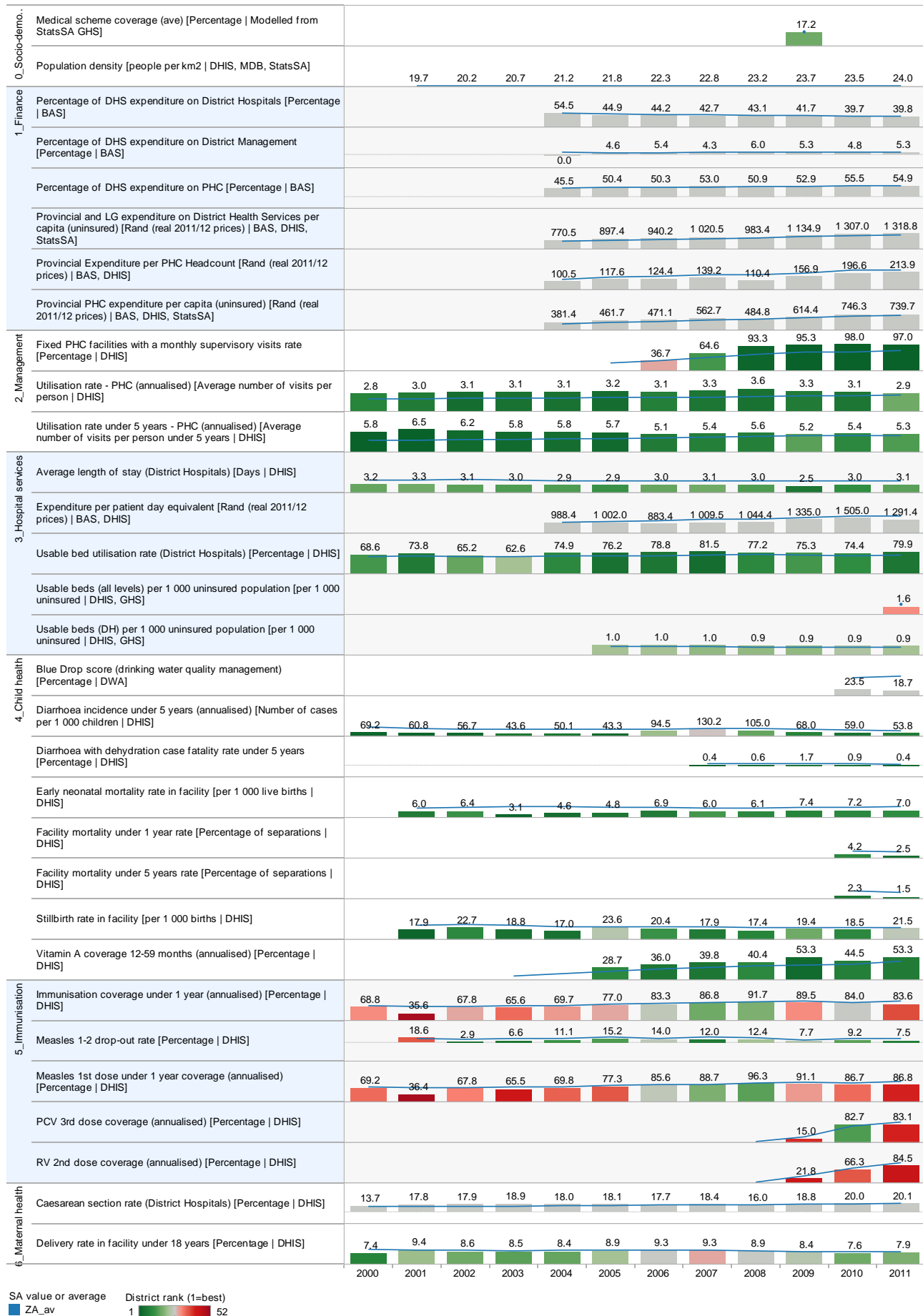
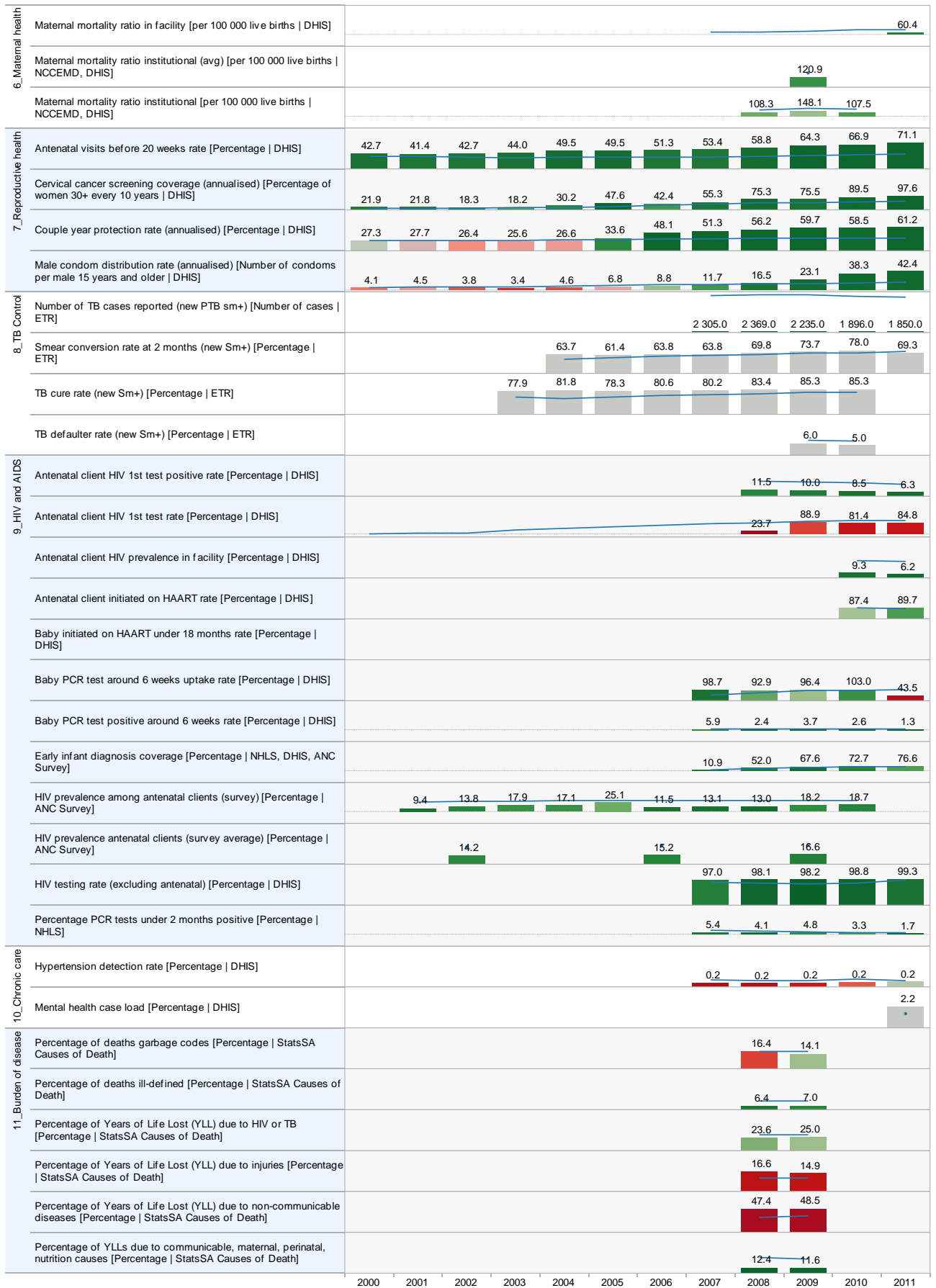


Figure 3: District page: WC – DC4: Eden District Municipality





SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52

Central Karoo District Municipality

Central Karoo district in the Western Cape has a population of 65 873 people, representing 1.2% of the province's population, while the population density is the lowest in the province at 1.7 people per km². The medical scheme coverage was 12.7%, which is also the lowest in the province.

Of the district's 2011/12 budget 48.3% was spent on PHC, 46.1% on district hospitals and the remaining 5.6% on district management, the second lowest in the province. The total district expenditure per capita was R2 261, the highest in the province and much higher than both the provincial (R1 289) and national (R1 191) figures. The district PHC expenditure per capita was R1 085 – higher than the provincial and national averages of R798 and R684 respectively. The PHC expenditure per headcount was R314, also above both the provincial (R212) and national (R225) figures.

The PHC fixed facility supervisory rate of 92.6% was above the provincial rate of 74.3% and the seventh highest in the country. The PHC utilisation rate has decreased over the past five years from 4.1 visits per person per year in 2006/07 to 3.0 visits in 2011/12. The PHC utilisation rate under 5 years was 5.8 visits per child, which is the second highest in the province.

The district had a high 2.1 district hospital beds per 1 000 population, which is three times higher than the provincial average of 0.6 and national average of 0.7 beds. The bed utilisation rate was 64.3% and has decreased annually from 2009/10 when it was 83.6%. The average length of stay was 3.0 days. The expenditure per PDE was R1 405 – lower than both the provincial (R1 510) and the national (R1 653) expenditures.

The diarrhoeal incidence under 5 years was 101.9 per 1 000 children. There was no under-5 mortality in children admitted to hospital with diarrhoea and dehydration. Vitamin A coverage in children aged 12 to 59 months was 49.5%, higher than the provincial and national coverages of 38.0% and 43.4% respectively.

The stillbirth rate decreased over the past five years from 28.7 per 1 000 births in 2006/07 to 16.3 in 2011/12, much lower than the national rate of 22.5 stillbirths. The early neonatal death rate was 11.1 per 1 000 live births, the highest in the province and above the national rate of 10.2. The facility under-1 mortality rate was 3.2%, a decrease from 4.0% in 2010/11 and less than half the national average of 6.8%. The facility under-5 mortality rate was 1.7%, the seventh lowest in the country.

Immunisation coverage under 1 year unfortunately decreased over the last two years from 98.9% in 2009/10 to 73.6% in 2011/12, the latter below the national rate of 95.2%. The pneumococcal vaccine 3rd dose coverage was 79.5% and the rotavirus 2nd dose coverage 72.5%, both the lowest in the province. The measles 1st dose under 1 year coverage was 80.5%, while the measles 1st to 2nd dose drop-out rate was 3.4%.

The rate of Caesarean sections was 20.3% and has remained constant between 20.0% and 20.6% since 2008/09. The proportion of deliveries in facilities to women under 18 years increased from 8.8% in 2010/11 to 9.9% in 2011/12. The facility maternal mortality ratio (MMR) recorded in the DHIS was zero per 100 000 live births indicating no maternal deaths during the year. The National Committee on Confidential Enquiries into Maternal Deaths data reflected a 2010 MMR of 389.5 per 100 000 live births.

The rate of antenatal visits before 20 weeks improved annually over the past two years from 58.9% in 2009/10 to 63.2% in 2011/12. The current rate is above the provincial rate of 56.2% and well above the national rate of 40.2%. The cervical cancer screening coverage was 75.3%, an improvement over two years of 21.2 percentage points from the 54.1% in 2009/10. At 47.1% the couple year protection rate was unfortunately the lowest in the province. The male condom distribution rate was 29.5 condoms per year per male 15 years and older, much higher than the national rate of 15.8 condoms.

The TB two-month smear conversion rate increased from 50.7% in 2010 to 64.9% in 2011. The new smear-positive TB cure decreased from 81.8% in 2009 to 70.2% in 2010 – the lowest in the province and below the national rate of 73.1%. The new smear-positive TB defaulter rate increased significantly from 8.9% in 2009 to 12.2% – almost double the national rate of 6.8%.

The antenatal client HIV 1st test rate was 91.4%. The antenatal client HIV 1st test positivity rate was 3.5%. The antenatal client HIV prevalence from facility routine data was 5.0%, lower than the 2010 HIV Antenatal Sero-prevalence Survey rate of 8.5%. The rate of antenatal clients initiated on HAART was an excellent 100% for the past two years.

No data are available in the DHIS for the uptake rate of babies PCR tested around 6 weeks and the rate of babies tested PCR-positive six weeks after birth. Data from the National Health Laboratory Services (NHLS) showed that the early infant HIV diagnosis coverage was 73.2%, increasing from 63.0% in 2010/11. The NHLS data reflects that the proportion of infants who were HIV-positive under two months was 2.2%. The rate of HIV-positive infants under 18 months initiated on HAART is not available due to the absence of data in the DHIS.

The hypertension detection rate has been constant at 0.2% for the past five years. The mental health case load was 2.8% of the total case load, the highest in the province and double the national figure of 1.4%.

The district's 2009 burden of disease (BoD) profile is considered from an analysis of the causes of death. Central Karoo's 2009 quality of death certification was relatively poor with 23.9% of the certificates submitted not being useful for public health analysis. Although this is below the South African mean of 30.2%, it is a long way from the internationally recognisable standard of 10%. Of the unusable classifications, 9.6% of deaths were assigned to 'ill-defined' causes and 14.3% to 'garbage codes'. An analysis of the Years of Life Lost (YLLs) after redistribution of the deaths by four broad cause groups reflects that the highest proportion of YLLs was due to non-communicable diseases (39.7%), followed by HIV and TB (25%). Injuries (22%) ranked third whilst the lowest proportion (13.3%) of YLLs was due to communicable diseases (together with maternal, perinatal and nutritional conditions).

Figure 1: Leading causes of Years of Life Lost (YLLs): WC – DC5: Central Karoo District Municipality

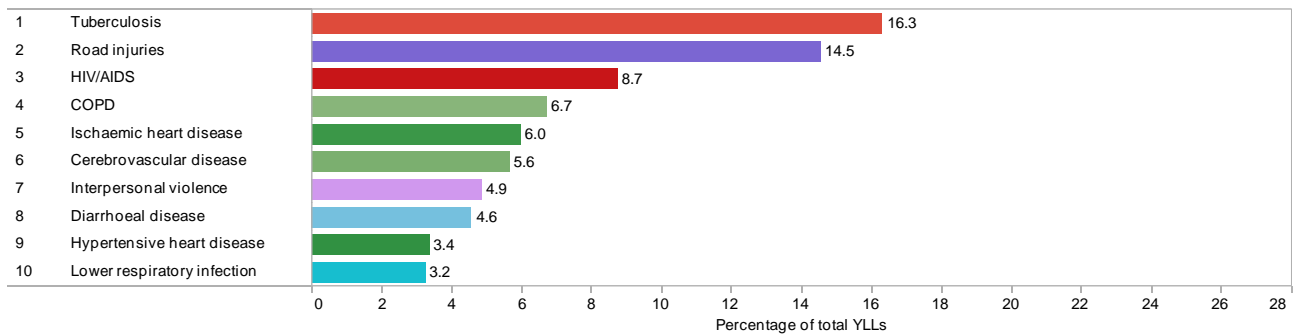


Figure 2: Annual indicators for district: Central Karoo: DC5

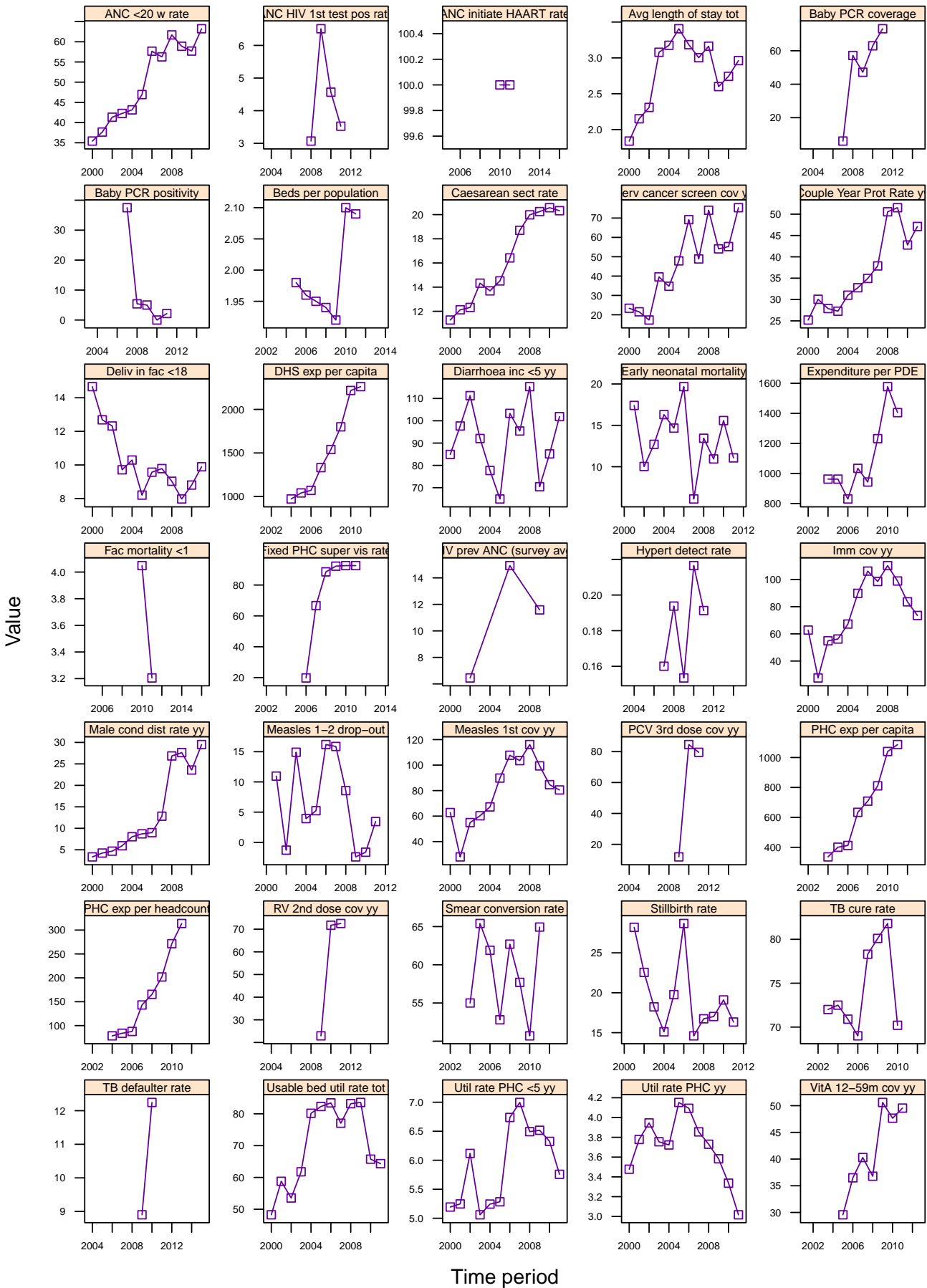
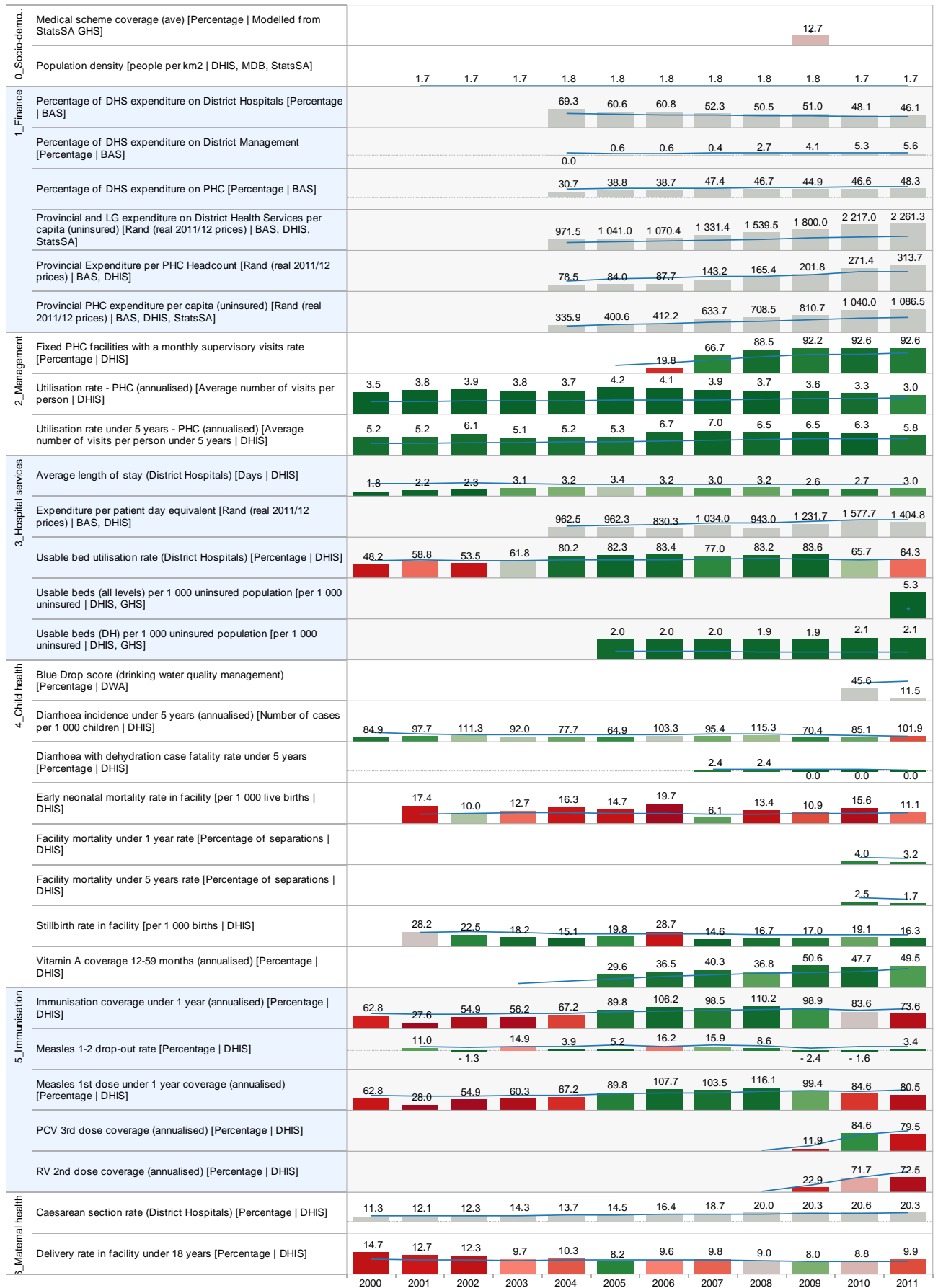
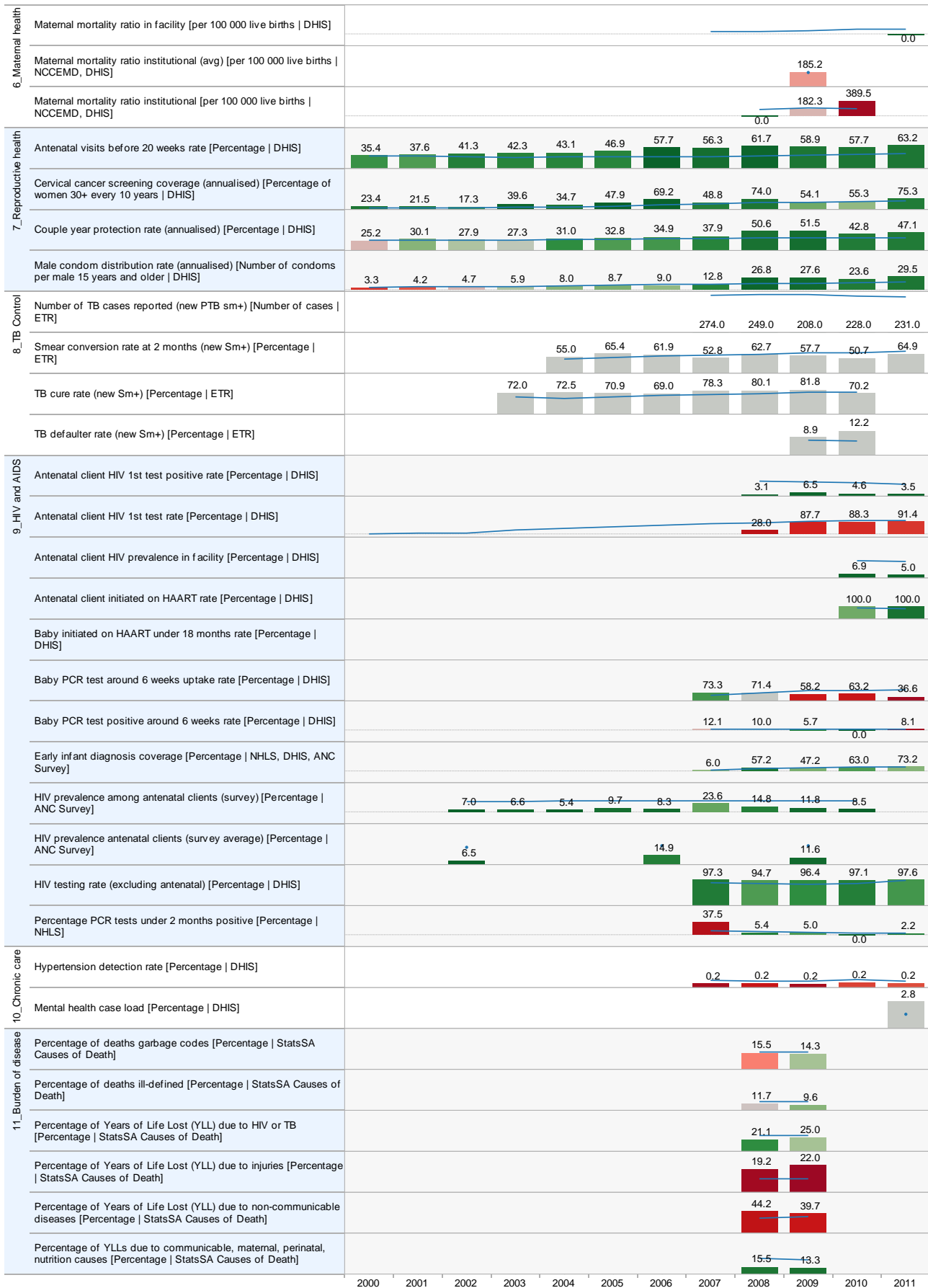


Figure 3: District page: WC – DC5: Central Karoo District Municipality



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52

Section B: National and District Profiles



SA value or average District rank (1=best)
 ■ ZA_av 1 ■ 52